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Enhancing the *Seeking Safety* group intervention with trauma-sensitive yoga practice: A program evaluation☆

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ABSTRACT

Background and purpose: The purpose of this article is to report the results of a qualitative Utilization Focused Program Evaluation on the integration of the *Seeking Safety* manualized group counseling intervention with Trauma-Sensitive (TS) yoga practice at a community mental health agency. To date, there has been no evaluation of *Seeking Safety* and TS yoga as complementary therapies.
Method and materials: Qualitative data were generated from key informant interviews and focus groups, then coded and analyzed for theme and content.
Results: Analysis of data indicate that, in this specific setting, the combination of *Seeking Safety* and TS Yoga was perceived by clients and clinicians as an effective complementary intervention strategy.
Conclusion: The results of this qualitative evaluation are specific to the agency utilizing the interventions. By integrating *Seeking Safety* with TS yoga many of the inherent weaknesses of the two individual approaches were moderated.

Seeking Safety [32] is an empirically supported, group counseling intervention designed for the treatment of individuals with co-occurring Post-Traumatic Stress Disorder (PTSD) and substance use symptoms. As a Cognitive-Behavioral Therapy-based manualized treatment, *Seeking Safety* has been found to be an effective treatment for multiple populations, including women presenting with substance abuse [30], veterans [37], homeless female veterans with psychiatric disorders [10], incarcerated men [55], women with physical disabilities [1], and adult survivors of sexual abuse [13].

Researchers have also posited that the use of Trauma Sensitive (TS) yoga and mindfulness techniques are effective in addressing substance use disorders [15] and responses to trauma [6,22,28,36,44,49]. While research exists on the effectiveness of the *Seeking Safety* group intervention [10,29,32,55] and the use of TS yoga in addiction and other mental health disorders [15,42], there are no documented instances in which *Seeking Safety* and TS yoga have been examined conjointly. Since *Seeking Safety* and TS yoga, as separate interventions, have been found to be effective with clients presenting with trauma [33,45], complementary treatment with both interventions could lead to greater effectiveness in symptom reduction.

The purpose of this study is to report the results of a qualitative Utilization Focused program evaluation conducted at a community mental health agency which combined the *Seeking Safety* group counseling intervention with TS yoga practices in an HIV + population presenting with backgrounds of both addiction and trauma. While the results of the study are site specific, they may indicate further exploration of these interventions as complementary therapies for other agencies or programs.

1. Seeking Safety

Co-occurring diagnoses of Post-Traumatic Stress Disorder can range from 12% to 59% for people requesting services from both inpatient and outpatient addiction programs [12,21,30,32]. Individuals

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presenting with co-occurring PTSD and substance use disorders tend not to respond to conventional treatment that addresses either trauma exposure or substance use disorders alone [30,32]. When both trauma exposure and substance abuse disorders are present, effective treatment can reduce incarceration, homelessness, and relapse [21].

Courtois and Ford [8] found that trauma survivors attempt to avoid experiencing intense psychological distress and may turn to substance use as an avoidance strategy. Creation of an environment perceived as safe by the clients is paramount to begin effective treatment of co-occurring PTSD and substance use disorder [4,32,39]. Within a safe, non-threatening environment, clients can be taught skills to reduce trauma symptoms and cravings, which then allows the client to increase tolerance of strong emotions [8].

The *Seeking Safety* program manual consists of 25 group sessions that do not need to be followed in any particular order. Each session includes an agenda, client handouts, quotations for the lesson, text on how to deal with tough clients, and possible areas of counter-transference for the counselor. While the treatment sessions are manualized, clients control the direction each session takes with the support and guidance of the clinician. At the end of each session, clients are encouraged to indicate their commitment to change and are asked to identify a community resource that might be helpful in the process. Because the manual is standardized with a lesson plan for each subject, no additional training is required for clinicians using the intervention [32].

2. Trauma-sensitive yoga

Yoga has been defined as "a part of Ayurvedic medicine that can consist of one or more of the following: specific postures, breathing exercises, body cleansing, mindfulness meditation, and lifestyle modifications (p. 1257)" [43]. Trauma-Sensitive (TS) yoga is a form of yoga "designed to directly address symptoms associated with traumatic exposure (p. 173)" [54] by creating a safe environment using modified yogic techniques that include reduction or elimination of corrective touch, focus on client choice, and language inviting the clients to try rather than to accomplish specific actions [11]. Clinicians have successfully utilized traditional and TS yoga practice in the treatment of various psychiatric conditions [9], including anxiety disorders [18], eating disorders [26], and insomnia [46]. A recent study by Rousseau and Cook-Cottone [45] indicated strong acceptability by clients and feasibility in the use of TS yoga in conjunction with trauma interventions in an international context.

Researchers recently conducted a meta-analysis of the use of yoga in the treatment of substance use disorders and found that various types of yoga led to significantly more favorable outcomes than various control interventions [15,43]. Likewise, yoga has been found to be an effective adjunct treatment for trauma from intimate partner violence [7,33], women diagnosed with PTSD [28] veterans diagnosed with PTSD [49], and childhood survivors of sexual abuse [23]. Positive effects on well-being have been shown to increase with the use of yoga [5]. The use of traditional yogic techniques, including meditation, relaxation, and physical postures, led to a decrease in trauma related dissociation [11,53]. Van der Kolk et al. [51] found that TS yoga used in the treatment of women with PTSD significantly reduced symptomology comparable to other evidence-based psychotherapeutic and psychopharmacological interventions. However, Nguyen-Feng, Clark, and Butler [34] have noted that research on yogic interventions may present with high risk of bias and low quality of quantitative measurement to allow for definitive conclusions on the effectiveness of yoga interventions following trauma.

3. The present study

The location for the study was a community mental health agency intensive-outpatient-addictions program (IOP) in a metropolitan city in the Southeast United States. The client base for the IOP were voluntary participants and all identified as HIV+. The weekly programs at the IOP included psychoeducational groups (including *Seeking Safety*), growth groups, writing workshops and yoga classes led by an instructor trained in TS yoga. Feedback from clients and clinicians indicated dissatisfaction with both the *Seeking Safety* group and the yoga group. The program director decided innovation was necessary and developed a protocol to combine the two groups to increase clinical effectiveness and increase client satisfaction. The clinical facilitator of the *Seeking Safety* group coordinated with the yoga instructor to develop an agenda alternating psychoeducation with TS yoga within the ninety-minute session. Because this adaptation represented an innovation in counseling intervention the clinical coordinator decided a program evaluation was necessary to justify continuation of the combined group. The first author of the study designed and coordinated the evaluation to fulfil his requirements for his doctoral dissertation.

A qualitative Utilization-Focused program evaluation method [40,41] was selected to examine the effectiveness of the *Seeking Safety* addiction and trauma group intervention enhanced with a TS yoga practice. This qualitative single-case study explored outcomes of the combined interventions by documenting how the stakeholders in this program experience the interventions under real-world conditions. Because the interventions were a part of a larger intensive outpatient addictions program, an evaluation based on experimental design (withholding treatment from a control group) would be incongruent to the mission of the program [35]. Therefore, a qualitative program evaluation was deemed more appropriate for the purposes of this study. The guiding question of the program evaluation was: What is the effectiveness of a trauma sensitive Yoga-enhanced *Seeking Safety* group intervention as a part of a comprehensive addiction program?

4. Materials and methods

4.1. Research methodology

Program evaluation—whether quantitative, qualitative, or mixed-design—is defined as a distinct type of disciplined inquiry intended to determine the merit or worth of an intervention, program, or facility [25]. Evaluation of treatments or programs allows a continuum to be formed between research and practice to improve counseling services and to find evidence that current services are effective [2]. Continuing evaluation of programs and interventions can be considered best practice in strategic planning for agencies that utilize innovative or adapted interventions with clients [3,31].

Utilization-Focused evaluation [40,41] focuses on pragmatic, situationally specific, and adaptive strategies. Utilization-Focused Evaluation is informed by the idea of the utility and actual use of a program by the intended users [41]. Evaluators adopting Utilization-Focused Evaluation actively involve stakeholders to define the parameters and questions within the evaluation and to clarify the values underlying any program or intervention being evaluated [52].

Patton [41] noted that Utilization-Focused Evaluation is "highly personal and situational" in that the evaluator has a personal connection with all the stakeholders involved in the program. The relationship between the evaluator and stakeholders is informed by power and cultural influences within the evaluand [38]. Intended users are more likely to use evaluations if they participate in the process and feel a sense of ownership of the findings and implications [38,39]. Program evaluation leading to program improvement ultimately benefits program users and stakeholders [20,40,41].

4.2. Data sources

Data used for this program evaluation consisted of semi-structured interviews from outpatient addiction clients, a client focus group, and individual interviews with clinical staff members. Questions for all

interviews were developed by the primary investigators. Question development underwent an iterative process. For instance, based on feedback received from some participants who reported that yoga was perceived through a racial and gendered lens, members of the evaluation team added questions specific to culture and diversity. Some participants, particularly those who identified as Black or African American, seemed to perceive yoga as a "White" activity, which the team decided deserved further exploration.

4.2.1. Participant Stakeholders

Each person who volunteered to participate in the evaluation received an Informed Consent, and each was specifically informed that they were not required to participate in the study. Participants were not compensated for their involvement in the study. Evaluation procedures were reviewed and approved for research with human subjects by the agency Institutional Review Board (IRB) prior to any evaluation data collection. Data were collected over a three-month period following IRB approval.

Clients (n = 14) in the Intensive Outpatient Addiction Program or Continuing Care Program were individually interviewed for this evaluation. Their ages ranged from 24 to 61 years (M = 42 years). Eight of the participants identified themselves as Black or African American and six participants described themselves as White. Clients were asked about their affectional orientation and gender identity with eight participants identifying as Gay and six participants identifying as Straight or Heterosexual. Nine clients identified their gender identity as cisgender male, four as cisgender female and one as transgender female. Six of the clients claimed no religious affiliation and eight clients affiliated with Christian denominations. Five clients noted that they were participating in the Intensive Outpatient Addictions Program while nine clients noted that they were participating in Continuing Care.

A semi-structured focus group was also conducted. Focus group members consisted of 15 participants. Some of the participants who were interviewed individually also participated in the focus group. The focus group participants' ages ranged from 24 to 61 years (M = 46.6). The focus group had 11 participants who identified as cisgender male, three as cisgender female, and one as transgender female with five participants racially identifying as White and ten identifying as Black or African American.

Lastly, four semi-structured interviews were conducted with staff members of the agency. The director of the program identified as a 61-year-old Black, heterosexual, cisgender man. The TS yoga instructor identified as a 34-year old, White, heterosexual, cisgender woman. Both clinicians interviewed identified as White, heterosexual, cisgender women, ages 25 and 24.

4.3. Data analysis

4.3.1. Evaluation team

All interviews were conducted by members of an evaluation team (n = 3), who were not directly involved in the intervention. The evaluation team collecting the data consisted of the principle investigator, a Counselor Education and Practice doctoral candidate who identifies as a White, cisgender, gay male; a doctoral level counselor educator who identifies as a Black, cisgender, heterosexual female; and a Counselor Education and Supervision doctoral student who identifies as a Black, cisgender, gay male. All members of the evaluation team were employed by the evaluand.

4.3.2. Analysis team

All data were de-identified and code names were assigned to the participants. The data analytic team (n = 3) that coded the interviews and developed the code books met in advance to discuss biases and positionality regarding trauma and yoga. The data analytic team consisted of, along with the principle investigator, a Counselor Education and Practice doctoral student who identifies as a White, heterosexual, cisgender female, and a Counselor Education and Practice doctoral student who identifies as a White, cisgender female whose affectional orientation is fluid.

All interviews were transcribed verbatim by the primary researcher onto word processing software. The verbatim transcripts of participant interviews, the focus group, and interviews with clinicians were coded separately by members of the data analytic team [40]. After initial coding, the data analytic team met for comparison analysis [16], and the development of the initial codebooks. Codes were then compared and categorized by themes generated by client participant interviews and by the clinician interviews and developed into two separate codebooks. Each series of themes were then collapsed, based on convergence, into categories and sub-categories [40], generating final codebooks for each set of interviews.

4.3.3. Quality and trustworthiness

Because qualitative evaluation can be conducted from myriad theoretical foundations, a uniform trustworthiness standard is neither possible nor is it needed [19,40]. Flexibility in qualitative evaluation is necessary [40], but trustworthiness arises from intentionality with the elements of credibility, transferability, dependability and confirmability [24]. Patton [40] notes that in Utilization-Focused program evaluation, trustworthiness is enhanced by the transparent nature of data collection and the feedback of individual participants on the evaluation findings. The current study utilized the following strategies for developing trustworthiness based on strategies gathered by Hays, Wood, Dahl, and Kirk-Jenkins [17]:

1. Prolonged engagement. The data collection research team was actively engaged in the agency and the agency culture.
2. Triangulation: The evaluation used multiple forms of evidence to support conclusion with multiple data methods (interviews and focus groups), subjectivity statements from the research team, and confirmation from participants that the data collected were accurate. All coding of data was conducted by the three members of the analysis research team.
3. Reflexivity: The researcher kept ongoing memos describing assumptions and biases throughout the research process. Changes in data collection, interview questions and analysis were undertaken through an iterative process among the investigators.
4. Thick description: The research processes were detailed, and the outcomes can be applied to findings and are sufficient to replicate the study.
5. External audit: The research process was reviewed by an auditor who did not participate in any of the prior data collection or analysis. The auditor reviewed all memos, codebooks, data, and data analysis and was asked to document and confirm that the research team followed an established qualitative protocol [25]. The auditor was selected based on her experience with both qualitative and quantitative research and her position as an established researcher in Counseling Psychology.
6. Negative case analysis: All cases were examined, and the research team looked for themes that disconfirmed unanimity in the study, (i.e. the lack of belief in the effectiveness of one or both interventions).

5. Results

The research team identified two primary themes derived from the *client interviews* and three primary themes derived from the *clinician interviews*. The themes derived from the *clinician interviews* were: (a) Intervention Process, (b) Cultural Factors, and (c) Intervention Outcomes. The themes derived from the *client interviews* were (a) Client Response to Intervention and (b) Yoga as a Bridge Between Trauma and Addiction. Three subthemes were identified within Client Response to Intervention (a) Client use of yoga, (b) Prior beliefs about yoga, and (c)

Partnered yoga.

5.1. Clinician themes

5.1.1. Intervention process

The clinical staff related a number of objectives for the combination of *Seeking Safety* and TS yoga. A primary objective was to create a "safe space" for exploration and learning. All staff members noted that yoga introduced concrete techniques and increased the skill set clients could use to reduce activation and cravings. With those additional skill sets they believed clients would be able to link physical experience to their experiences in recovery and create a synergy between the cognitive aspects of the *Seeking Safety* intervention and the somatic aspects of TS yoga. Both of the clinicians leading the group noted that they wanted to reduce the power differential between the clients and clinicians and allow the clients to see the clinicians participate, and struggle, in the yoga portion of the intervention.

Both the yoga instructor and the clinical director described an objective of increasing "buy in" from the clients for both *Seeking Safety* and TS yoga. The yoga instructor noted that after introducing the concepts of trauma and addiction, and their relation to the yoga practice, the clients became more willing to participate: "Right off the bat there was a change in the questions that I got and the feedback that I got and the willingness to participate changed instantly." The director reported that adding yoga to the *Seeking Safety* group "enhanced the clients' buy-in into the entire process and their willingness to take some responsibility for their process in terms of yoga and PTSD and managing their symptoms." The yoga instructor noted that she coordinated with the facilitators of the *Seeking Safety* group in order to adapt her program to the chapter that was being discussed that week:

> I know what the subject is for that week, so for example, if the subject was compassion what I would emphasize more was, you know, how are you choosing to move and take care of your body… then whoever's co-leading with me will introduce the topic, say compassion, have that discussion, and then I can come back in somewhere in the middle and say how did that practice relate?

In reviewing the intentional reduction of the power differential between clinician and clients, clinician 2 noted: "how different this felt than other psychoeducation groups because we were all doing yoga together." Clinician 1 said that she believed that it made "a big difference" that the facilitators also participate in the yoga. Both clinicians reported that their participation in the yoga exercises increased the level of communication they experienced with the clients and, they believe, clients' willingness to participate in all elements of the intervention.

The yoga instructor was trained specifically in TS yoga practices. These practices include keeping the lights on, not walking behind people, avoiding touching the clients and asking permission should she feel that touch is necessary. She noted that she did not correct the clients' posture or techniques "even if they're doing something totally different than what I said, unless it looks like there's about to be an injury." She described tying the somatic elements of yoga with the somatic experiences of trauma:

> My goal is to get them to feel something safe in their body because so often it goes from 'this is unpleasant' to totally shutting down… so if there can be just the slightest bit of discomfort they don't have to shove it down and at least it gets on the spectrum of feeling again and we can work on getting stronger and stronger sensations … the idea is simply that you can have an experience in your body and you can have it in a way that's very present and mindful and safe.

Because one of the objectives of the combined intervention was to create a safe space to explore uncomfortable or challenging feelings, partnered yoga practice was introduced so clients could practice poses by physically supporting each other. The yoga instructor reported that the clinicians had been working with a specific group of people for some time "and we knew them and they knew us and trusted us" and felt partnered yoga related to the topic of boundaries. She reported that when the group was covering boundaries, partnered yoga would give clients practice in saying yes or no to something that felt uncomfortable. For each pose, clients had to ask permission to touch their yoga partner and for each pose the yoga partner had permission to say yes or no to the invited touch. Clinician 2 reported: "I loved the partnered yoga … it built relationships and rapport within the group and among the pairs."

In introducing a new and effective skill set for clients, the yoga instructor adapted her strategy to offer interventions clients can practice any time or any place. She noted that "what I try to do is be aware of offering things that they can do in one minute, anywhere, and get that sense of grounding, of the presence of safety." She had the clients scrunch their toes, make their fist into a ball, count their breaths and connect it to "your body, what you're feeling is always important, regardless, it's always important." Clients were not only able to link physical experiences with recovery; they utilized simple exercises in the moment to reduce activation related to cravings and trauma related symptoms.

5.1.2. Cultural factors

In the interviews with the yoga instructor and clinicians each brought up culture as it related to the work they were doing in the *Seeking Safety* group. The specific cultural factors that emerged as subthemes were (a) race and (b) HIV status. While the yoga instructor did not feel yoga was a barrier to any specific group of clients, Clinician 1 noted that the intervention was conducted by three White women for a group of people of various minority, relational and gender identities "and so sometimes there's this kind of eye roll, like you don't, can't understand." Clinician 2 also reported that "the group was facilitated by, in my tenure, consistently White clinicians and a White yoga instructor." She also noted that "I think it's interesting that some people think of yoga as a White thing even though it comes from cultures that are not White."

The clinicians and yoga instructor reported that the perception of yoga as portrayed in society may present a cultural challenge to clients. Clinician 1 shared that the impression is that "yoga studios have a beautiful, slender White woman standing up on a mountain top with the sun setting." She noted that bringing yoga to "a bunch of individuals who are struggling with so many minority identities involves the building of trust and normalization.

Both clinicians reported that most clients in the agency presented with HIV, along with their addiction and trauma backgrounds. They also noted that clients with HIV belong to a culture that "becomes this kind of ingrained identity that they are unclean or not worthy of touch and they start to have a distrust of their own body… the stigma that goes along with HIV." Clinician 2 reported that clients have been told "that they should be ashamed of their bodies and what they did with their bodies." She believed that the yoga allowed clients to "engaged with their bodies" and were "affirmed by people around them." Both clinicians said that they believed the combination of yoga and *Seeking Safety* helped clients change their own relationship to their bodies and "it was reparative."

5.1.3. Intervention outcomes

Client self-report was an important measure of the effectiveness of the *Seeking Safety* group enhanced with TS yoga. The biggest link to the yoga seemed to be breath work. Clients reported to the clinicians that they remembered the breath work when they become activated outside the agency and, as reported by the yoga instructor, "… often I've had people say I remembered to take three breaths in this really tense situation." Clinician 1 reports:

> I remember a client telling me that he walked past, like, a needle on

the street and he immediately started thinking about using and where he could go and all these things that just started that train (of thought). And he stopped walking and took the five deep breaths that the instructor talks about all the time and he said that he finished his walk to the bus, he got on, and he came here.

5.2. Client themes

5.2.1. Client response to intervention

Clients were asked about their experiences with TS yoga as part of the *Seeking Safety* program. Almost all of the clients responded with positive feedback about yoga being incorporated with *Seeking Safety*, though one client noted that yoga was "not his thing" and that he did not enjoy the experience. All of the clients were able to articulate reasons yoga has been included in the *Seeking Safety* intervention and shared about aspects they found particularly helpful. Many clients noted that the primary focus of the yoga program is to tolerate feelings and to be present and mindful.

Clients noted that the yoga helped them "stay in the moment" and focus on their breathing to regulate activation. Many clients reported that the yoga portion of the intervention taught them how to "sit in discomfort" and realize they can tolerate being uncomfortable longer than they thought. Clients noted that the simple exercises, as opposed to specific yoga poses, were activities they remembered to try when they were feeling distress. Clients reported that "scrunching my toes" or "making a fist" were immediate and effective interventions they learned from participating in the enhanced *Seeking Safety* group. "Jubal" shared that "it really opened up ways to sit in your uncomfortableness." A member of the focus group noted: "it's really talking about mindfulness and, like, to breathe, and to make a fist when you're in a place, a reactive place."

Several participants shared that they thought the primary focus of having yoga as a part of the *Seeking Safety* group intervention was to get exercise. When asked about his experience with yoga as a part of the program "Michael" noted "well, getting exercise" immediately. A participant in the focus group shared that he "… associated (yoga) with, uh, like physical exercise. Like something to improve the physical body. And I just never put the two together that there was a mental part of it." "Ben" noted that he felt that yoga "related to standing on your head."

Participants described "coming into the moment" and "feeling grounded" as the yoga portion of the group started. Participants reported that they knew they did not have to be perfect following the suggested moves and that they had the option to participate from the chair if they were uncomfortable standing. A common theme addressed by the clients is that the yoga portion of the *Seeking Safety* intervention teaches them to "sit in their discomfort." The client responses to yoga were divided into three subthemes: (a) Client Use of Yoga; (b) Prior Beliefs About Yoga; and (c) Partnered Yoga.

5.2.2. Client use of yoga

Most clients noted that they did use techniques they had learned outside of class. One of the most common techniques cited was the use of controlled breathing. During the yoga portion of the class clients are instructed to take three deep breaths to center themselves. Clients in the focus group shared their experiences in learning that they can be uncomfortable longer than they thought possible and that they had options on how to address that discomfort. "Duke" noted, "… I kinda realized that it was for, to have a, concentrating on uncomfortable positions and now, you know, meditate and think your way through it." "Larry" reported that he incorporated yoga as a coping strategy that allowed him to "to sit in discomfort and feel safe."

Clients also reported that they became more aware of cravings and were willing to try yoga techniques to reduce or eliminate those cravings to use drugs or alcohol. Many mentioned using breathing techniques, centering techniques, or other body movements to bring themselves into the moment and to tolerate craving sensations. "Duke" shared a moment when he had "the urge to get some dope, but I just closed my eyes and breathed because they tell me to breathe." "Larry" mentioned that he has balled up his fist when dealing with people in difficult situations. "Jubal" shared:

> when we're frustrated or we're in a situation that we can't necessarily control, you know, I've used even small things like toe crunching techniques, like where you scrunch your toes to try to be present. Counting your breaths was one of them. Um, that's been really helpful, actually.

A common theme from the clients was that they would use the yoga techniques when they became activated on public transportation. Being on a bus or a train was identified by many of the clients as one of the most stressful parts of their day because of the inherent discomfort involved with public transportation and the prevalence of drugs and drug dealing at transit stations. "Gillian" described an occasion she used techniques she learned in the *Seeking Safety* group while on the train "… even though I didn't have somebody there who's doing the guiding meditation." "Anne" described an incident on the bus where "I put my leg on my thigh and lean in so I'm uncomfortable… and that way I can be uncomfortable with what's going on around me." "Miriam" shared that she used breathing and stretching techniques while she was visiting with family.

5.2.3. Prior beliefs about yoga

Several clients expressed that they did not have any experience with yoga before entering the program. Many expressed preconceived notions about yoga practice, and the type of people who participated in yoga. Several members of the focus group shared that they saw yoga as a practice for White people or for people with a higher income status. No client seemed to be aware that yoga was established by people of color and that it traditionally has a spiritual component as well as effectiveness as a form of exercise. Client responses included "I never knew what it was", "it has something to do with exercise", and "it's like acting goofy". Other focus group participants reported they perceived yoga as "rigid" or "a feminine practice." Some Black members of the focus group noted prior beliefs about yoga as a White practice: "I saw all this stuff as what White people do… I thought it was for White people."

5.2.4. Partnered yoga

The yoga instructor and clinical staff facilitating the *Seeking Safety* intervention introduced a partnered yoga innovation during a group discussion on personal boundaries. Partnered yoga is not included in standard definitions of TS Yoga [11] but was perceived to offer possible benefits in relation to the subject being discussed. This was the first time partnered yoga had been attempted with this group. Each member of the group was given the opportunity to participate or to observe. Client response was mixed, but the research team believed client experiences with partnered yoga were important to the process because this was the first-time clients came in physical contact with each other in the *Seeking Safety* group. Clients that did participate in the partnered yoga generally had strong reactions to the experience, some of them reporting that they were uncomfortable being touched but were willing to try the experience anyway. "Jubal" reported: "I got more out of that specific yoga class than anything from any of them. That partnered yoga. I've only attended one, but that, I got more out of that one than I can remember specifically."

Some clients chose not to participate, noting that the idea partnered yoga was "uncomfortable" or "awkward. One client reported that he was uncomfortable being touched by another man. Other clients reported feeling anxious or "irritated" with the idea of partnered yoga but were willing to observe the activity. After the activity, the group related their feelings to the lesson in *Seeking Safety* about the creation of boundaries and the option to say yes or no when confronted with

challenging situations.

5.2.5. Yoga as a bridge between trauma and addiction

Clients were asked if they saw a connection between the yoga practice in the *Seeking Safety* group and how they cope with trauma. Half of the clients (n = 7) reported that they did not see a connection between yoga and trauma. Half of the clients shared how they viewed yoga as a bridge to their understanding of trauma and addiction. Clients reported they became more aware of "recognizing when my addiction behavior kicks in" and appreciating the simplicity of the interventions. "Gilbert" shared that "it teaches us to sit in our discomfort … how to get through cravings" and "Michael" noted that "it keeps my mind focused on anything other than drugs or alcohol." Two clients articulated how they perceived trauma in relation to their addiction and how yoga helped to clarify that relationship. "Anne" noted that the interventions helped her "identify some behaviors… that were a result of things that have happened" and to reconcile the uncomfortable feelings with the reality of her current level of perceived safety. "Jubal" shared that he uses the breathing exercises taught to him in the yoga class and then distinguished his experience with trauma through a cultural lens:

> …my own sexual orientation, I was very uncomfortable in a setting like the gym and having to change clothes for physical education class and things of that nature. That was totally traumatizing for me.

A member of the focus group referred to the combination of *Seeking Safety* and yoga as "the perfect marriage" and that without the yoga *Seeking Safety* would be "just another group discussion, but now it has a whole other dimension added because of it."

6. Discussion

Using Utilization-Focused Program Evaluation methodology, we explored the effectiveness of combining the *Seeking Safety* group intervention with TS yoga in an intensive outpatient addiction program by analyzing interviews collected by a community health agency that adapted and instituted the blended intervention. The combination of TS yoga and the *Seeking Safety* group intervention represents an innovation in counseling strategy, and stakeholders at the institution recognized the ethical need to determine if the intervention was effective and congruent with the objectives of the program [14].

The clinicians and most of the clients interviewed for this study expressed a strong belief that the combinations of the two interventions was stronger than either intervention alone. The majority of clients presented with high levels of trauma making them ideal participants in the *Seeking Safety* group intervention. *Seeking Safety* [32], which is considered a strong, evidence-based program, does not directly address the somatic elements of trauma, but somatic elements are the heart of TS yoga practice [49,51,54].

The views of the majority of the clients about the purpose of the TS yoga/*Seeking Safety* combination and the experiences of the mental health and TS yoga practitioner were *not* congruent. The practitioners expressed a belief that the clients were aware of the connection between the use of TS yoga and clients' understanding of the somatic sequelae of trauma exposure. Data from the interviews did not support the idea that clients had a direct understanding of the somatic relationship, despite psychoeducation within the TS yoga/*Seeking Safety* intervention. It may be that the mental health practitioners and the TS yoga instructor overestimate the effectiveness of their psychoeducation efforts and may want to re-examine how the reasoning for the combined intervention is presented to the clients. Nevertheless, the evidence provided by the data is that an understanding of the reasoning behind the interventions by the clients does not diminish the effectiveness of the interventions themselves.

The results of this program evaluation provide practical information that can be easily used by other practitioners, thus providing evidence of the utility of these combined interventions. By integrating *Seeking Safety* with TS yoga many of the inherent weaknesses of the two approaches were moderated or eliminated. The coordination of the program by the mental health clinicians conducting the *Seeking Safety* interventions and the yoga instructor led to adaptations of both programs that made them more effective for a majority of the participants.

6.1. Feasibility

The results of study suggest that combination of *Seeking Safety* and TS yoga are both realistic and achievable. However, this combined intervention was developed at an agency in a large metropolitan area with access to a TS yoga instructor who was available to dedicate significant time to the agency. TS yoga instructors undergo extensive training to be certified [54] and certified instructors may not be readily available outside of metropolitan areas. Researchers at the Veterans Administration utilized yoga instructors who did not identify as trauma-sensitive practitioners to provide yoga interventions focused on clients with PTSD and achieved significant improvement in hyperarousal symptoms indicating that the specific training may not be necessary [49]. However, both practitioners and clients in this study noted the importance of having a TS yoga instructor provide the yoga intervention. The cost of the yoga instructor might also present a barrier for smaller or underfunded providers of substance abuse treatment.

6.2. Implications for future research and limitations

Findings from this study provide evidence that the combination of the *Seeking Safety* group intervention and TS yoga is not only an effective strategy for the participating agency, but they also indicate that, in this specific milieu, the combined intervention is stronger than either intervention alone. These results are consistent with other studies that have incorporated TS yoga for use with trauma survivors [11,49,50] and the barriers to providing yoga to racial/ethnic minority clients [45,48]. Based on these findings, clinicians at other agencies or practices who currently utilize the *Seeking Safety* group intervention may want to consider the addition of TS yoga if feasible for that agency or practice. If a TS yoga practitioner is not available or cannot be employed because of budgetary constraints, the results of this study would suggest consideration of the basic somatic elements (e.g. toe scrunching) be taught to clients as an adjunct to the manualized *Seeking Safety* intervention.

While this study indicates the success of an innovation in counseling practice, several limitations are present. Every effort was made, per standard qualitative methodology, to reduce the biases inherent in evaluating innovation in counseling [15]. Nevertheless, biases in favor of this intervention were evident and demonstrate the tension between the need to provide evidence of the effectiveness of an intervention [47] and the potential for creating a self-fulfilling prophecy of adequacy. Acknowledging biases through positionality statements at the beginning of this study reduce the limitations in the study but do not eliminate them. The use of an outside auditor and a coding team consisting of members not related to the intervention reduced the bias limitation as well.

Because this was a qualitative program evaluation that focused on the use of the intervention in a specific setting the results may not translate to other agencies or settings. Although we believe the data collected were thorough representations of the clients' experiences our sample size was necessarily limited to current participants in the substance abuse program at the agency and a more longitudinal study might produce different results. Continuation of this research in additional settings using mixed methods or the development of a quantitative pre-post- experimental design may indicate a general effectiveness of the treatment and recommend a broader adoption in clinical settings.

7. Conclusion

This study outlined a Utilization Focused program evaluation conducted at a mental health agency in a large metropolitan city. The evaluation analysis indicated that the combination of the *Seeking Safety* group counseling intervention with trauma sensitive yoga is more effective than either intervention conducted on its own in this specific setting. While this combined intervention may not be appropriate or feasible in other clinical settings, it may represent one method of increasing effectiveness in standard addiction and trauma treatment protocols. The positive effect of the interventions appears to be predicated on the yoga instructor having advanced skills in trauma sensitive yoga practice and coordination between the yoga instructor and the clinicians conducting the psychoeducation interventions in the *Seeking Safety* manual.

This program evaluation supports a growing body of evidence that TS yoga may represent an effective clinical intervention for clients who have experienced trauma and who present with substance abuse. Future research would benefit from furthering evidence that TS yoga is a feasible strategy that can be employed in multiple clinical settings. Continuing program evaluation of innovations in clinical practice will provide practical evidence based on feedback provided by consumers.

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Declaration of interest

None.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.ctcp.2019.03.006.

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